

NORTH CAROLINA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

STRUCTURAL PEST CONTROL & PESTICIDES DIVISION
1090 MAIL SERVICE CENTER
RALEIGH, NC 27699-1090

REGISTRATION OF EMPLOYEE(S) WORKING UNDER THE SUPERVISION OF A LICENSEE OR NON-COMMERCIAL CERTIFIED APPLICATOR

(Type or Print In Ink)

Application is hereby made for Registered Technician's Identification Card(s) for the following employee(s) working under the supervision of:

Licensee/Certified Applicator: _____ Lic./Ca No. _____

Company Name: _____

Company/Office Address: _____

(Street Address)

(P.O. Box)

Telephone No.: (____) _____

(City)

(State)

(Zip)

Full Name of Employee And Home Address	Date of Birth	Height	Weight	Hair Color	Eye Color	Job Title	Hire Date
1. (Name)							
(Address)							
(City) (State) (Zip)							
Social Security Number							
2. (Name)							
(Address)							
(City) (State) (Zip)							
Social Security Number							
3. (Name)							
(Address)							
(City) (State) (Zip)							
Social Security Number							

Registration fees in the amount of \$_____ are enclosed for _____employees(s). (Registration fee is \$25.00 per employee.) I hereby certify that none of the employees listed above have, within 3 years of the date of this application, been convicted of, plead guilty or nolo contendere, or forfeited bond, in any state or federal court for a felony or any violation of the N.C. Structural Pest Control Law or to any regulation promulgated by the N.C. Structural Pest Control Committee.

In addition, I certify that the above employees have received the training prescribed by the Committee for all registered technician's identification card applicants as provided in G.S. 106-65.29.

Signature of licensee or certified applicator: _____ Date: _____